



Navy Breakout

AFOS/SECO

1500-1600

21 Feb 2006

Agenda

- Welcome /Admin
- Navy Medicine - CAPT Mittelman
- Medical Service Corps - CAPT Wickes
- Navy Optometry Topics - CAPT Engle

Admin

- No planned breaks!
- Sign up for meetings with specialty leader
 - Moving in 2007?
 - Want to discuss your career/personal plans
 - Have questions about the future of Navy Optometry?
 - Suggestions for improvement?
- Make sure that SL and ASL have your current email and phone number!
- Biographies/Photos - Are yours current?

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Medical Service Corps

- CAPT Wickes



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- Leadership Changes
- Deployment
- Productivity
- AHLTA (aka CHCS II)
- Externship Program



- Scholarships
- Aviation Optometry - LCDR Cooley
- Refractive Surgery
- Billets (conversions and billet holds)
- BRAC
- Credentials



- Navy Optometry Web Site - LCDR Hatch
- Combat Eye Protection - CDR Barrette
- Preventive Health Assessment (PHA)
- Ophthalmic Services Instruction (6810.1)

Optometry Leadership Changes

- CDR Walter → CDR Newton (PXO)
- CDR Barrette - LOA
- CDR Moore
 - Maintains Roster
 - Detailing assistant
 - Career development
- LCDR Hatch
 - Manages Webpage
 - Rep at Tri-service Vision Conservation Office

AD Billets

- 123 Clinical (includes out-fills)
- 3 Education
- Bethesda, New Orleans and Groton converted in 2005
- Rota & Sigonella billets “frozen” by command
- No conversions planned in 2006
 - Moving target?
- Congressional hold for conversions (\$)
- Surprise!
 - GS pays too little
 - Contracts are too expensive

Scholarships

- HPSP is lifeblood of our recruiting efforts
- Nine opportunities in 2006
- No Health Scholarship Collegiate Program (HSCP) in 2006
- Loan repayment (HPLRP) will probably not be offered as long as we are 100% manned.

Deployment



- Humanitarian and Operational Mission Increasing!
 - “There are no sidelines anymore. If you’re wearing this uniform you are on the front line of service” -VADM John Harvey, Navy Chief of Personnel
- Navy and USAF will probably see more support of ground missions
 - More joint operations
- Important career experience
- Prepare!



Productivity

- Burkhardt Model-
 - 18 encounters per day (4140 encounters/yr)
- Gunther study-
 - Recommend 3900 RVU and 2300 encounters (10/day)
- BUMED goals (Feb 16, 2006)
 - 5200 RVU, 3300 encounters per year for AD (14.3/day)
 - 5313 RVU, 3372 encounters per year for GS (14.7/day)
 - 5878 RVU, 3730 encounters per year for Contractors (16.2/day)
- Proper Coding, MEPRS and reduced No-shows are key.

230 work days/year = 46 wk/yr

1.66 RVU/patient

30 min exams

36 bookable hours per week = 7.2 hrs/day

Calculations

$(2\text{pt/hr})(36\text{ hr/wk})(46\text{ wk/yr}) = \mathbf{3312}$

Encounters

$(3312\text{ encounters})(1.66\text{ RVU/encounter}) =$

~~5478 RVU~~

• ~~BUMED~~ goals (Feb 16, 2006)

-5200 RVU, 3300 encounters per year
for AD

-5313 RVU, 3372 encounters per year
for GS

-5878 RVU, 3730 encounters per year



GLOBAL INFORMATION
for **QUALITY CARE**

(formerly CHCS II)

- Deployment Complete Soon ?
 - Electronic Medical Record is here!
- Templates
 - Facility
 - AIM (DoD Wide)
 - LT Feeser and LT Saxon working AIM development
- Coding is Critical!

Externship Programs

- Externs are our ambassadors back to their peers. Will they recommend the Navy?
- LCDR Jackson is my special assistant for externship programs
 - Developing ways to standardize and improve externship experience
 - Currently available: an up-to-date roster
 - In the pipeline: boilerplate extern manual, best of breed solutions to common problems such as base security, housing, and extern AHLTA issues, as well as sharing of common teaching aids

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Aerospace Optometry

LCDR Stephen L. Cooley

Refractive Surgery

- Interest in having AD OD's serve as clinic directors of refractive surgery centers
- Interest in more tri-service administration including an improved consult management process

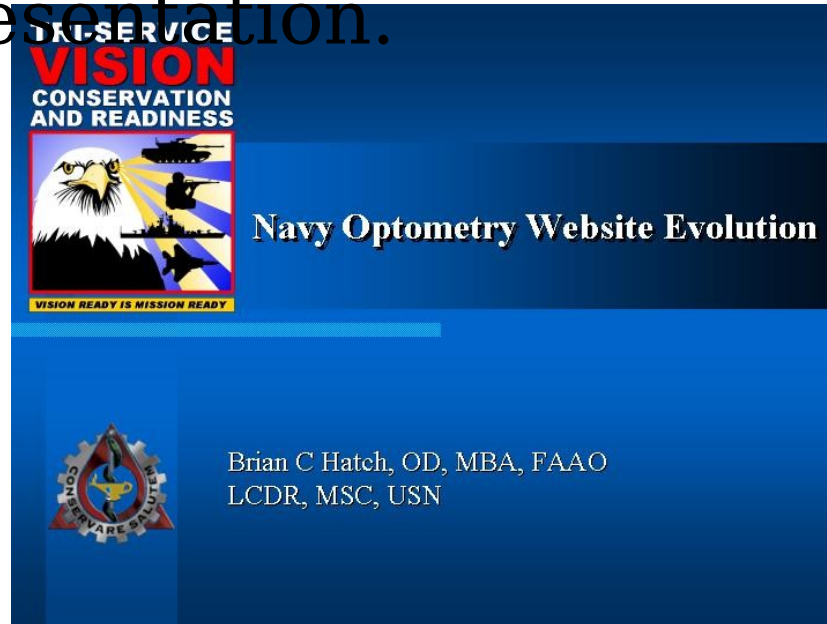
BRAC

- Still trying to understand the effects of BRAC on individual clinics
 - Keep SL informed about local changes as a result of BRAC

Credentials

- May 05-Requested change to BUMED INST 6320.66E
- “Measurement and evaluation of ocular tissue metrics (all non-invasive external measurements of ocular tissue and adnexa such as keratometry, pachymetry, topography, wavefront aberrometry, A/B ultrasonography)”.

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Narrated Brief Is Located On Home Page

Military Combat Eye Protection

- CDR Barrette



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Preventive Health Assessment

c. Visual Acuity. Refer service member to optometry if distance **binocular** visual acuity is worse than **20/40**; this test is performed either uncorrected or with habitual distance correction if applicable. Service members who do not meet the 20/40 acuity standard are required to wear vision correction. Spectacle requirements are outlined in 8.f.4. RC service members will provide updated corrective lens prescription(s) from their civilian provider at least every two years for inclusion in their HREC.

(1) Distance binocular visual acuity testing procedure:

- Test is performed using a standard Snellen acuity chart calibrated for the testing distance.
- Test service member with both eyes open; either uncorrected or with habitual distance correction if applicable.
- Record the smallest line read without error and if spectacles were worn during testing.

Preventive Health Assessment

(2) Near binocular visual acuity testing procedure:

- Service members less than 45 years of age do not require near vision testing.
- Service members 45 years of age or older must be tested for reading acuity with the same spectacles used during the distance acuity testing procedure.
- Reading acuity test is performed using a near acuity card at an appropriate distance for the card being used (normally 16 inches) with both eyes open.
 - Record the smallest line read without error.

(3) Contact lenses will not be worn while testing visual acuity. The only exceptions are mission essential contact lenses prescribed to the service member by the government and documented in the service member's HREC.

- Service members wearing mission essential contact lenses will have their visual acuity tested using the above procedures, once with their contact lenses in and once with spectacles after the contact lenses have been removed.

Preventive Health Assessment

IMR elements section

(4) Individual Medical Equipment. Service members shall present the following medical equipment at the PHA appointment for inspection:

- a. Two pairs of Spectacles – Service members who require vision correction as described in 7.c and per reference (v) will possess two pair of spectacles.
- b. Ballistic Protection Optical Inserts – Service members subject to deployment who require vision correction will possess the appropriate optical insert compatible with the Military Combat Eye Protection (MCEP) device issued to the service member.
 - MCEP spectacle with optical insert may be counted as one pair of spectacles to meet requirement 4.a.
- c. Protective (Gas) Mask Inserts (PMI) – Service members subject to deployment who require vision correction will possess the appropriate optical insert compatible with the protective mask to be used.
- d. Medical Warning Tags – Required for service members with identified allergies.
- e. Other Required personal medical equipment- hearing aids, dental orthodontic equipment, etc.

MSC Promotion Opportunity

From Dir MSC VTC Feb 2006

<u>FY 05</u>				<u>FY 06</u>			
Selects	Opportunity	Flow Pt		Selects	Opportunity	Flow Pt	
• CAPT 07	31	60%	21-06	35	60%		21-
• CDR 09	91	70%	16-09	44	70%		16-
• LCDR	146	80%	10-07	53	70%		10-08

<u>FY 07</u>			
	Selects	Opportunity	
• CAPT	19	60%	
• CDR	72	70%	
• LCDR	140	70%	
			10-08

*Note - FY07 selects are an estimate. Numbers are subject to change as the size of the zones change due to retirements, resignations etc.

FY 97-06 Promotion Results

- **Contains all selects over 10 years who were eligible for promotion (includes above/below zone selects)**

10 Year Average for LCDR

HCA:	75.7%	N = 414/547
HCS:	76.1%	N = 252/331
CCS:	68.3%	N = 297/435

LCDR Opportunity was 70% from FY94-00, 75% from FY01-04, 80% for FY05 & 70% for FY06

FY 97-06 Promotion Results

- **Contains all selects over 10 years who were eligible for promotion (includes above/below zone selects)**

10 Year Average for CDR

HCA:	70.9%	N = 253/357
HCS:	69.1%	N = 159/230
CCS:	67.0%	N = 136/203

CDR Opportunity was 70% from FY97-03, 65% for FY04, & 70% for FY05 & FY06

FY 97-06 Promotion Results

- **Contains all selects over 10 years who were eligible for promotion (includes above/below zone selects)**

10 Year Average for CAPT

HCA:	63.2%	N = 134/212
HCS:	53.6%	N = 81/151
CCS:	49.2%	N = 60/122

CAPT Opportunity was 50% from FY97-00 & 60% from FY01-06

What year was it?

- Ronald Reagan was President
- US observes Martin Luther King Holiday for the first time
- Chernobyl Disaster
- Nintendo first sells its games in America
- IBM unveils the first laptop computer
- Top Gun is top grossing film
- And....

- Ophthalmic Service Instruction is issued
 - NMCI 6810.1
- After 20 years it is time for a rewrite!

Headquarters
Departments of the Army,
the Navy, and the Air Force
Washington, DC
1 January 1986

*Army Regulation 40-63
*Naval Medical Command Instruction 6810.1
*Air Force Regulation 167-3

Medical Services

Ophthalmic Services

Summary. This regulation contains substantial changes to existing policies and procedures for furnishing prescription eyewear to eligible beneficiaries.

Applicability. This regulation applies to all activities of the Army, Navy, and Air Force.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. Supplementation of this regulation is prohibited without prior approval from HQDA (DASG-HC1), WASH DC 20310-2300, for the Army; Commander, Naval Medical Command (MEDCOM 51), WASH DC 20372-5120, for the Navy; or HQ USAF/SGPC, Bolling AFB, DC 20332-6188, for the Air Force.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by The Adjutant General, HQDA. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. The Army office of primary responsibility in this joint publication is the Office of The Surgeon General, HQDA. Army users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA(DASG-HCL), WASH DC 20310-2300. Navy and Air Force users may send comments and recommendations through normal channels to Commander, Naval Medical Command, ATTN: MEDCOM 51, WASH DC 20372-5120, for the Navy; and HQ USAF/SGPC, Bolling AFB, DC 20332-6188, for the Air Force.

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- Clinical Optician
 - HM2 CJ Eison

- Junior Optometrist of the Year

- LT Peter Gunther

2005 Awards

- Externship Director
 - LT Gabriel Hernandez

- Senior Optometrist of the Year

- CDR Matt Newton

Federal Service Optometry Meeting 2006

Washington, DC

30 OCT - 03 NOV



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